Why MQF Involvement?

- Tasked by State Health Plan to help providers create state-wide evidence based chain of care for AMI supported by data feedback
- Neutral Convener
- Bring a public input and focus to coordination of AMI care from first symptom to hospital discharge

MQF

- Support right care at the right time
- Recognize that the determination of right care and right time rests with providers
- Recognition that there is strong public interest in achieving success

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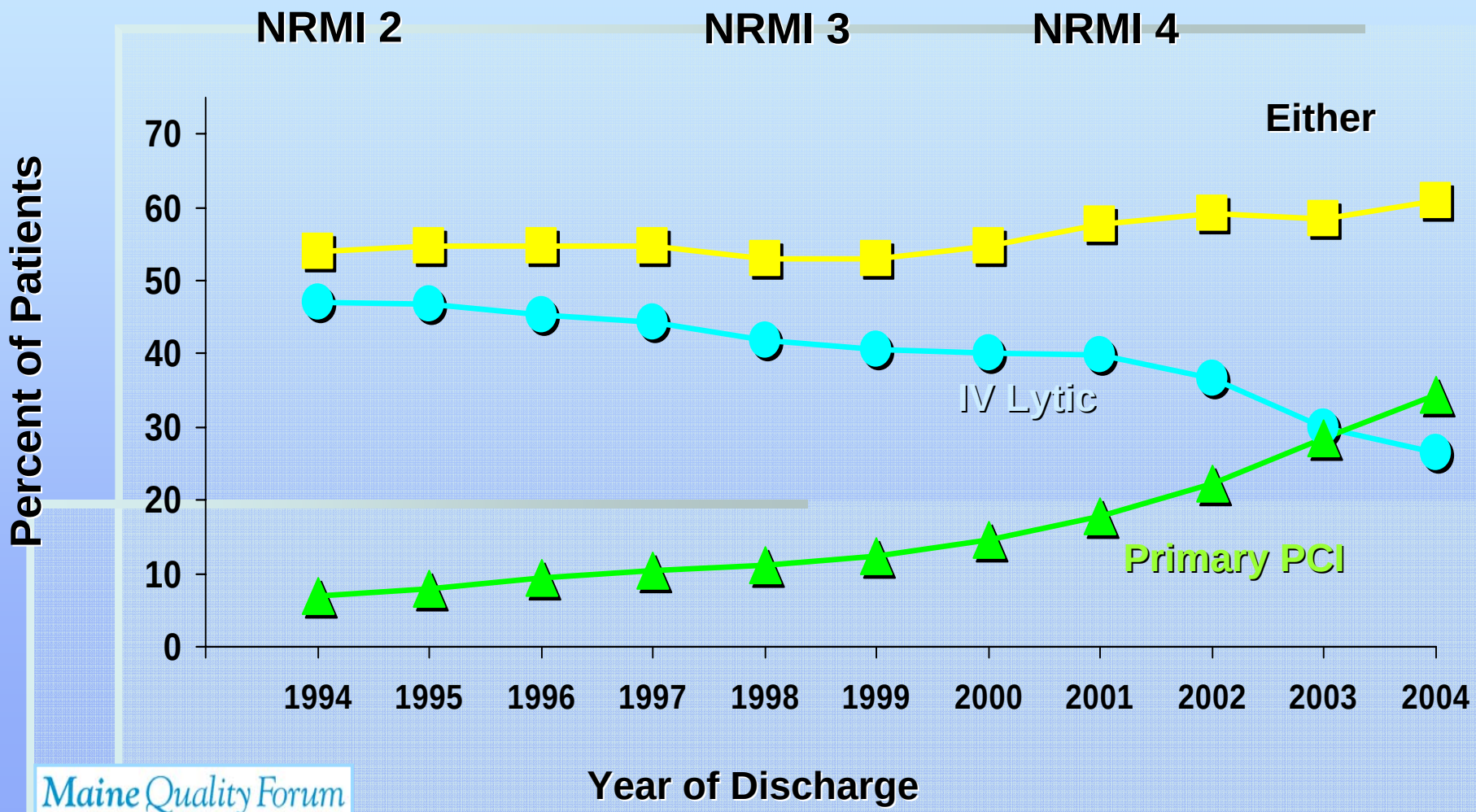
Reperfusion Therapy Used in NRMI



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AMI Reperfusion - How are we doing?

ST elevation eligible for reperfusion

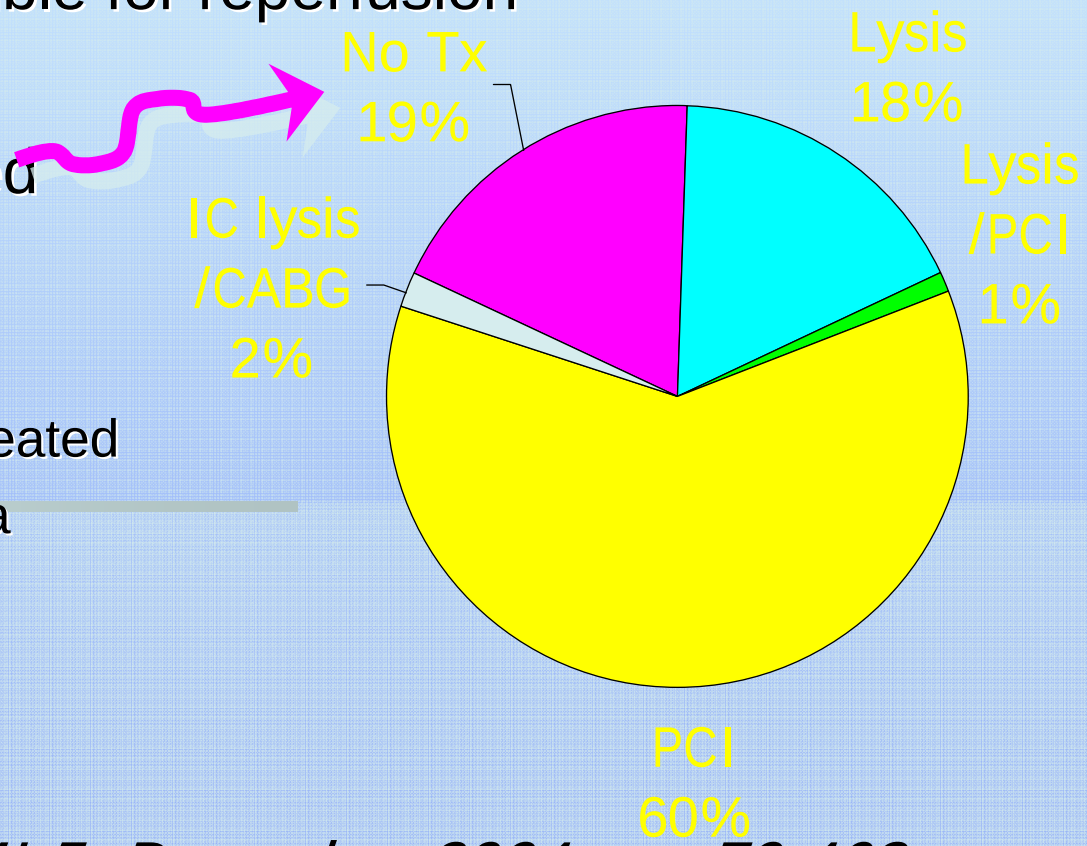
- NRMI 5

  19% not treated

- Medicare

  up to 50% not treated

  in North Carolina



NRMI 5 December 2004 n=70,468

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AMI HOSPITAL ADMISSION RATE/100,000
ADJUSTED
2002-2003

South	Central	NE	State
161	240	399	264

Northeast Region Population 437,909

AMI rate 399/ 100,000

Expected AMI = 1743

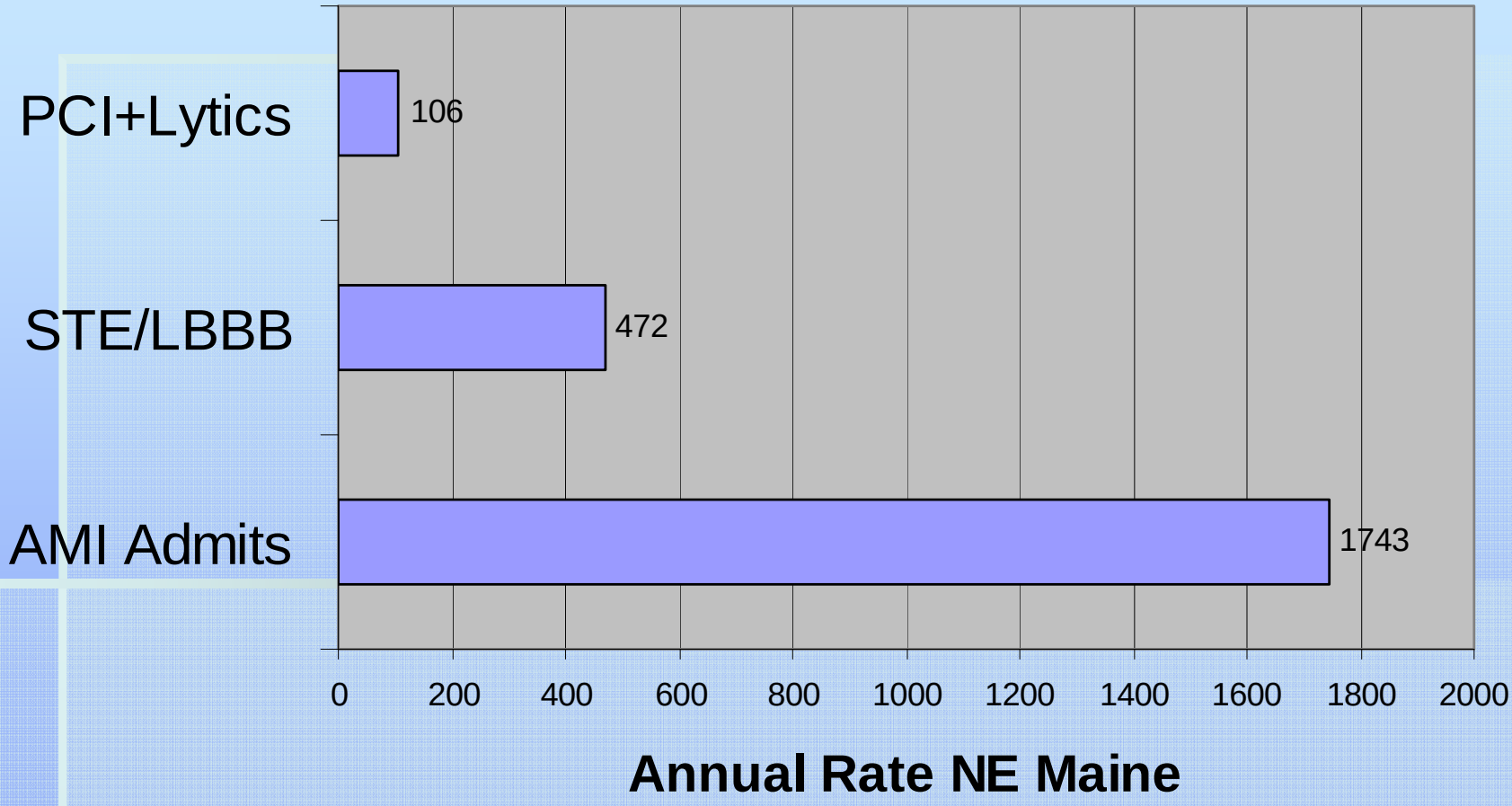
Percent with STE or LBBB < 12 h = 27.1%

Expected STE or LBBB for Northeast region = 472

Expected Thrombolytics (20.8 NRMI)=	98
Actual Reported Thrombolytics=1Qx4)	64
Expected Acute PCI (7.3 NRMI)=	34
Actual Acute PCI EMMC 2005 =	42
Expected Total	132
Actual Total	106
Percentage without treatment	**20%**

(Compared to national rates)

Failure to Treat



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